

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

This is to certify that (Name and address of Insured)

WHEATON VAN LINES INC
DBA WHEATON WORLD WIDE MOVING ETAL
8010 CASTLETON RD
INDIANAPOLIS, IN 46250



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

Expiration Type	Expiration Date(s)	Policy Number(s)	Limits of Liability	
<input type="checkbox"/> Continuous* <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	4/1/03	WA1-14D-002767-012	Coverage afforded under WC law of the following states: CA, IL, IN, NJ, TX	Employers Liability Bodily Injury By Accident \$1,000,000 Each Accident Bodily Injury By Disease \$1,000,000 Policy Limit Bodily Injury By Disease \$1,000,000 Each Person
	4/1/03	WC1-141-002767-072		
Workers Compensation				
General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="text"/> Retro Date	4/1/03	TB1-141-002767-042	General Aggregate-Other than Prod/Completed Operations \$2,000,000 Products/Completed Operations Aggregate \$2,000,000 Bodily Injury and Property Damage Liability \$2,000,000 Per Occurrence Personal and Advertising Injury \$1,000,000 Per Person / Organization Other Liability \$300,000 Fire Legal/Per Fire Other Liability \$5,000 Med Pmts/Per Person	
Automobile Liability <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Non-Owned <input checked="" type="checkbox"/> Hired	4/1/03	AT1-141-002767-022	Each Accident - Single Limit - B. I. and P. D. Combined \$1,000,000 Each Person Each Accident or Occurrence Each Accident or Occurrence	
			\$ \$ \$ \$ \$ \$	
C O M M E N T S	WA1-14D-002767-012 policy includes deductible endorsement with \$150,000 deductible per occurrence/claims (disease) with an aggregate deductible all bodily injury of \$650,000 with the provision that Liberty Mutual will/may advance payment of the deductible amount.			

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Special Notice - Ohio: Any person who, with intent to defraud or knowing that he / she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Important information to Florida policyholders and certificate holders: in the event you have any questions or need information about this certificate for any reason, please contact your local sales producer, whose name and telephone number appears in the lower right hand corner of this certificate. The appropriate local sales office mailing address may also be obtained by calling this number.

Notice of cancellation: (not applicable unless a number of days is entered below). Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policies until at least 30 days notice of such cancellation has been mailed to:

FOR INFORMATIONAL PURPOSES ONLY

Certificate
Holder

Lois McGuffey

Lois McGuffey

Authorized Representative

Office / Phone INDIANAPOLIS, IN / 317-582-1700

Date Issued: 4/2/2002 Prepared By: LM